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July 14, 2022

President Joseph R. Biden
The White House
1600 Pennsylvania Ave NW
Washington, DC 20500

Dear Mr. President,

I write with deep concerns about the Monkeypox outbreak that is primarily impacting gay and bisexual men. I have received dozens of calls from constituents, friends, community leaders, and medical providers looking for answers from federal, state, and local health officials. Among their questions: Where can I get vaccinated as a preventive measure? Where can I get tested in a timely manner? Where is the data on how this disease is spreading through the community? What do I tell my patients? Unfortunately, this information has remained elusive. Respectfully, and in the interest of getting this right for all of us, I have several suggestions for improving the federal response.

First, appointing a Monkeypox Czar would send a message to anxious Americans, as well as federal health agencies, that the Administration has learned from the mistakes and successes of the COVID-19 pandemic. A centralized, interagency effort would be useful in overcoming red tape and getting every official with a role in addressing this outbreak working from the same playbook. A Monkeypox Czar focused on preventing spread and treating patients with the best care possible will reduce suffering, spread, and the risk of monkeypox becoming endemic in the United States.

Second, the Centers for Disease Control and Prevention should improve testing and tracing. We all know that COVID-19 effectively seeded the United States in February 2020 due to a lack of early, targeted testing and tracing. Similarly, Monkeypox has been spreading throughout the United States for the last two months. I am hearing from constituents who suspect they've been exposed to Monkeypox but cannot get a Monkeypox test until they've tested negative for every other possible pathogen. By the time a positive Monkeypox test is returned, it is too late for treatment, too late for post-exposure prophylaxis, and too late for useful contact tracing. The publishing of timely, detailed, location-based data on positive tests and vaccine administration is imperative for preventing the spread. Just as Americans are making decisions based on available COVID data, my constituents would benefit from better Monkeypox data.

In addition, CDC should update guidance for getting vaccinated against Monkeypox for high-risk groups. Just as CDC guidance for behaviors to reduce Monkeypox risk received widespread praise for being reality-based and focused on harm reduction, so too should vaccine guidance. **If CDC's consensus is that the best way to reduce Monkeypox spread is for all sexually active gay, bisexual, and other men who have sex with men to receive the JYNNEOS vaccine for pre-exposure prophylaxis, the guidance should say so.** Providers and health departments are

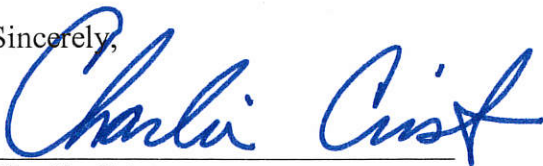
looking to CDC guidance for how to proceed, and they should be given the best answer that CDC can produce.

Next, as you know, the United States owns over one million doses of the JYNNEOS vaccine that are currently sitting in a freezer in Denmark awaiting approval from the Food and Drug Administration. Two months into this outbreak, the FDA has not yet authorized these vaccines for shipment to the United States and distribution, even though this facility has been approved by FDA's European counterpart. If the FDA has reason to be concerned that the European approval puts Americans at greater risk than Monkeypox, I would understand the delay. Regrettably, advocates I have spoken with believe the delay to be bureaucratic red tape.

Finally, once the United States receives the JYNNEOS doses, the Office of the Assistant Secretary for Preparedness and Response should prioritize rapidly distributing the vaccine to states. Additionally, because some states' health departments are run by anti-vaccine, anti-science ideologues, ASPR should establish additional vaccine distribution pathways at the local level. You can understand my constituents' lack of confidence in the Florida Surgeon General after his inexplicable decisions surrounding the COVID vaccine for children under five. I am also concerned that in cities where JYNNEOS is being administered to MSM as PrEP, we are witnessing all-too-familiar racial and ethnic inequities in distribution. I know you share my concern that vaccine equity must be a priority. This includes publishing racial and ethnic data on doses administered.

We know that anyone of any sexual orientation or gender identity can contract Monkeypox. We also know that – presently – the disease is overwhelmingly attacking gay and bisexual men. When a community historically marginalized by the public health system feels ignored, brushed aside, and denied diagnostics and preventive treatment, I take it as a gravely serious problem - as I know you do, too. **Getting Monkeypox right is an LGBTQ rights issue.** To that end, I stand ready to assist and support your efforts to break through bureaucratic red tape, marshal adequate resources, and act with requisite urgency.

Sincerely,



Charlie Crist
UNITED STATES CONGRESSMAN

CC: Vice President Kamala Harris

Dr. Rochelle P. Walensky, Director, CDC

Dr. Robert M. Califf, Commissioner, FDA

Dr. Anthony Fauci, Director, NIAID

Dawn O'Connell, Assistant Secretary for Preparedness and Response